

Par.1. Material Transmitted and Purpose – Transmitted with this Manual Letter are changes to Service Chapter 400-28 – Child Care Assistance Program (CCAP).

Par.2. Effective Date – Changes and clarifications in policy identified in this Manual Letter are effective April 1, 2012. Changes in the certificate processing are effective April 1, 2012 for all certificates with an effective date of April 1, 2012 or later.

Definitions: 400-28-05

1. 400-28-05. Added a new definition of School Age Child and Child Care Assistance Program (CCAP) State Determination TEAM and clarified Travel time.

Definitions 400-28-05

School Age Child – A child in any type of school setting that is not included as part of their daily child care activity. This includes preschool, Head Start, and elementary school, etc.

Child Care Assistance Program (CCAP) State Determination Team – The Public Assistance Director and the Child Care Assistance Program Policy Administrators(s) when determining if the medical illness of a member of the Child Care Assistance Unit whose medical condition requires a caretaker to be temporarily out of the home warrants child care costs to be paid for the remaining parent participating in an allowable activity.

Travel time – A reasonable time that it takes an individual to get to and from their allowable activity while their child(ren) is at child care. This does not include travel time from the parent's home to the child care provider and from the child care provider to the parent's home.

Administrative Requirements 400-28-15-15

2. 400-28-15-15 – Changed 'Caretaker(s)' to 'Caretaker' in heading as only the identity of the applicant/caretaker must be verified.

Mandatory Verifications 400-28-15-15

Eligibility for the Child Care Assistance Program (CCAP) is determined primarily by information supplied by the applicant/caretaker. Certain conditions of eligibility must be supported by conclusive, documenting evidence.

At time of application, 6 month review, or when a new member is added to the household, the household is required to provide the following verifications:

- Identity of Applicant/Caretaker~~(s)~~:
- Citizenship for children for whom CCAP benefits are being requested;
- Age for children for whom CCAP benefits are being requested;
- Caretaker's association to the child(ren) for whom CCAP benefits are being requested;
- Verification of education;
- Court ordered child support or court ordered spousal support deduction;
- All income received by the family, to include all earned, unearned and self-employment income.

Should the applicant/caretaker be unable to obtain the required verifications, the eligibility worker may assist with obtaining the information.

Application 400-28-20

3. 400-28-20-15 – Added the following:

- New policy addressing applications filed without an address,
- Added clarification if individual requests, TANF, Diversion or Crossroads at the same time CCAP and requests the prior month, the prior month may be approved with a one month certificate as Co-Pay or Waived Co-pay depending on the circumstance in the prior month.
- Added clarification that an application is denied when the co-pay exceeds the lower of the State Rate or amount billed for the child(ren) whom assistance is being requested or if there is not a need for child care.

Timeliness Standards for Processing Applications 400-28-20-15

The processing timeframe for an application starts from the date the signed application is received in the county social service office. If the application month is denied or withdrawn and benefits for the following month are requested, the processing timeframe starts effective the first of the following month.

The Child Care Assistance Program (CCAP) does not require a face-to-face interview in order to determine eligibility.

A child care billing report form is not required to process an application. A decision to either approve or deny an application must be made no later than 15 days following the day the signed and dated application is received in the county social service office unless extenuating circumstances exist. The first calendar day following receipt of the signed application is day 1 of the 15 day processing timeframe.

If additional time is allowed due to an extenuating circumstance, the action must be taken no later than 30 days following the date of application.

Formal action (either approval or denial) must be taken on each month assistance is requested. If an application is not acted upon within the 15-day time frame due to extenuating circumstances, the case file must contain documentation identifying the extenuating circumstances that caused the delay.

If all the information needed to determine eligibility is not provided with the application, the application must be pended and a notice sent informing the applicant of the documents required. The 'pend' notice must clearly identify the information needed for the application month as well as any prior month(s) being requested.

The applicant has 10 days from the print date of the pending notice to provide the required information/verifications. When the 10th day falls on a weekend or holiday, the information is deemed to have been provided timely if received by the county social service office by close of business the first business day following the weekend or holiday.

An application that is pending for additional information cannot be denied prior to the 15th day following the date of filing or the end of the 10th day from the print date of the pending notice, whichever is later. However, if it is determined the applicant is not eligible, the application can be denied at any time prior to the 15th day.

If the applicant does not provide the information requested in the pending notice for **any** of the months requested, each month that was requested must be denied.

If the applicant provides information for one month but not the other month(s), the month that the information was provided for can be processed and the other month(s) must be denied.

- If the applicant who requested but is not eligible for child care for the prior month is eligible for the month of application, the prior month is denied and the application is approved, effective the first of the application month.
- If the applicant who requested child care for the prior month is eligible for the prior month but not for the month of application, the prior month is approved, effective the first day of the prior month and the case is closed as of the last day of the prior month. The same application would be processed for the application month and denied.
- If the applicant who requested child care for the final two months of TANF is not eligible for the first month but is eligible for the second month, the application is denied for the first month and approved for the second month.
- If the applicant who requested child care for the final two months of TANF is eligible for the first month but not the second month, the application is approved for the first month and closed at the end of the first month. The same application would be use to process the denial for the second month.

Depending on the month of application, additional months may need to be processed using the same application.

~~An application may be withdrawn at any time prior to a decision being rendered. The request to withdraw the application can be made in writing or verbally by the applicant.~~

If an application is filed with no address, the eligibility worker should review the contact information found on a mailing envelope, in a phone book, on a Motor Vehicle query, or using any other available resources for address information.

The application must be pended and if no mailing/residence address can be located, 'General Delivery' must be used for the mailing address and applicable notice(s) sent.

If the notices are returned for insufficient address:

- If the application has not been approved, it should be denied due to loss of contact and documented in the case file.
- If the application has been approved, the case can be closed for loss of contact and documented in the case file.

If an individual applies for CCAP and TANF, Diversion, or Crossroads at the same time, the application for CCAP must be pended until TANF, Diversion, or Crossroads eligibility is known.

If an individual applies for CCAP and TANF, Diversion, or Crossroads at the same time, requests CCAP for the prior month, and all information needed to process the prior month has been submitted, the prior month can be processed. In this these situations if the prior month is processed as Co-pay using actual income and a one month certificate is issued or as Waived Co-pay if TANF, Diversion or Crossroads in the prior month with a one month certificate. The case must be closed as of the last day of the prior month. The application month would be pended until TANF, Diversion, or Crossroads eligibility is known.

An application may be withdrawn at any time prior to a decision being rendered. The request to withdraw the application can be made in writing or verbally by the applicant.

An application must be denied when:

- The Co-pay exceeds the lower of the State Rate or amount billed for all child(ren) whom assistance is being requested.
- The only child or all children for whom child care is being requested, are determined not to have a need.

4. 400-28-20-35 – Made the following clarifications to this section:

- Need must exist in the current month or the month following the current month for the child to be included on the 6 month certificate. However, if a child has need for the prior month only, the child can be included on the one month certificate for the prior month.
- Removed family's co-pay must be less than the State Rate or the application is needed or case closed. The policy for denials has been moved to Timeliness Standards for Processing Applications 400-28-20-15 and policy for case closure has been moved to Case Closings 400-28-145.

Establishing Need 400-28-20-35

At time of application, if need has been determined for a child for the prior month only, the child can be added to the 1-month certificate, but would not be added to the 6 month certificate.

~~For a new application or in an ongoing case, in order for a child to be included on a certificate as needing care, the child must have a child care need for the current month or the month following the current month while the caretaker(s) is participating in an allowable activity for child care. If a child does not have a child care need for the current month or the month following the current month, the child cannot be included on the certificate.~~

~~To determine if a child has a need for child care:~~

- ~~• A child must need child care while the caretaker(s) is participating in an allowable activity. If a child does not have a need for child care, the child cannot be included on the certificate. Once need is established and a child is included on the certificate, the child will remain on the certificate until the next review.~~
- ~~• The families Co-pay must be less than the State Rate. If the Co-pay is more than the State Rate, the application must be denied or the case closed.~~

~~Once need is established for a child and the child is included on the 6 month certificate, the child will remain on the certificate for the remainder of the certificate period.~~

~~**Note:** Need must be established prior to adding the additional hours for school age child.~~

Six (6) Month Review 400-28-25

5. 400-28-25-05 - Added policy addressing reviews filed without an address.

Six (6) Month Review 400-28-25-05

A review must be completed every 6 months. The 6 month review is due in the last month of the certificate period.

CCAP does not require a face-to-face interview in order to determine eligibility.

An SFN 841, "Child Care Assistance Program Review" form is automatically sent to the caretaker in the month prior to the last month the certificate is valid. The caretaker must submit the completed and signed SFN 841, "Child Care Assistance Program Review" form in order for eligibility to be continued. The review form is considered signed if the signature is found anywhere on the review form, other than in answer to a question.

If an unsigned review is received and has been date stamped by the county social service office, the unsigned review must be returned to the caretaker. If the same review, now signed by the caretaker, is returned to the county

social service office, that office shall date stamp the review with the date the signed review is received. Document in the case file the correct review received date.

A completed, signed and dated SFN 841, "Child Care Assistance Program Review" is due in the county social service office by the 10th day of the final month covered by the current certificate. If the review form is not received by the 15th, a closing notice must be sent informing the caretaker that failure to submit a completed and signed form by the last day of that month will result in case closure at the end of the month the review was due.

A decision to approve a review or to close the case must be completed within 30 days following the date the review is received in the county social service office unless extenuating circumstances exist. The caretaker has 30 days following the date the review is submitted to provide all verifications unless extenuating circumstances exist. The first calendar day following receipt of the review is day 1 of the 30 day processing timeframe. If additional time is allowed beyond the 30 day period due to extenuating circumstances, an additional 15 days can be allowed. Therefore, action must be taken no later than 45 days following the date the review form is received. Document in the case file the cause(s) of any delay.

If a Child Care Assistance Program (CCAP) case is closed for failure to submit a completed review, the case remains closed as of the last day of the month in which a review is due, if:

- The 30th day from receipt of the review extends into a future month and the family fails to provide the required information by the 30th day; or
- The family is determined ineligible at any time during the month the review is due and through the 30th day.

If the signed and dated SFN 841, "Child Care Assistance Program Review" is received prior to the last day of the month the review was due and verification of information is needed, a Closure Notice must be sent. The notice must include:

- The specific information and verifications that are needed,
- The information and verifications must be provided within 10 days; and

- Failure to provide the information and needed verifications within 10 days will result in case closure at the end of the month the review was due, even if the 10th day extends into a future month.

The caretaker must be allowed at least 10 days from the date of the notice to provide necessary verifications. When the 10th day falls on a weekend or holiday, the information is deemed to have been provided timely if received by the county social service office by close of business the first business day following the weekend or holiday.

At the time of review, if the review form is returned, the eligibility worker should review the returned mail to determine if there is a forwarding address.

- If there is a forwarding address, remail the review to the new address and send the household a closing notice requesting additional information regarding household composition and the need for child care.
- If there is forwarding address, send the household a closing notice to the last known address informing the household their case will be closed due to loss of contact.

Regardless of the action, the eligibility worker must document the actions taken in the case file narrative.

Adequate or advance notice is not required for any action taken on a review. However a notice must be sent.

Household Composition 400-28-35

6. 400-28-35-05. Added the following:

- Clarification that the natural or adoptive children of the caretaker and the caretaker's spouse who are under the age of 19 must be included in the Child Care Assistance Unit.
- Added example #2
- New policy to address children under the age of 19 who are residing away from home.

Child Care Assistance Unit 400-28-35-05

The household must include the child(ren) for whom assistance is being requested and the following individuals residing in the home:

- The natural, adoptive or stepparent(s)
- All siblings, (including half and step-siblings) who are under age 19

- All natural or adoptive children of the caretaker and caretaker's spouse who are under the age 19.

When two unmarried adults reside together, in order for a child to be considered a child in common, paternity of the child in common must be verbally acknowledged or legally adjudicated, or the parents must have signed a voluntary acknowledgement of paternity. 🗑️

- If child care is being requested for a child in common of unmarried parents', both parents and the children of both parents must be included in the unit.
- If child care is NOT being requested for a child in common of unmarried parents', the child in common must be included in the unit(s) of siblings who child care is being requested.

Example #1: Unmarried non-TANF Household that includes mom, her child, Dad, his child and a child in common. Mom is requesting child care for her child and Dad is requesting child care for his child. Child care is not being requested for the child in common. Since assistance is not being requested for the child in common, Mom and Dad must each complete an application for the Child Care Assistance Program. The child in common would be included as a household member in both Mom and Dad's household. Both Mom and Dad would have a 3 person household.

Example #2: Unmarried non-TANF household that includes Mom, her child, Dad, and Mom and Dad's child in common. Mom is requesting child care for her child. Child care is not being requested for the child in common. Mom must complete an application for the Child Care Assistance Program. Mom would have a have a 3 person household which includes herself, her child and the child in common.

See Section 400-28-45-25, Unmarried TANF Households – Child in Common for an exception for TANF Households.

If the child(ren) for whom assistance is being requested resides with a loco parentis, the household must include the following individuals residing in the home:

- The sibling(s) (including half and step-siblings) of the child for whom assistance is being requested
- The loco parentis and spouse of the loco parentis
- The loco parentis' and spouse's children under age 19

A minor parent who needs child care for their child(ren) and who is residing in his/her parents' home is considered a separate household and must apply on their own behalf.

- If the minor parent is determined eligible for TANF the case is considered TANF for the Child Care Assistance Program (CCAP).
- If the minor parent is determined eligible for Crossroads, the case is considered Crossroads for CCAP.
- All other minor parents are subject to Co-pay, unless the minor parent is in receipt of TANF, or Crossroads.

If a minor parent is residing with their parent(s) and the parent(s) have a child(ren) for whom child care is requested, the minor parent and the minor parent's child(ren) are not considered members of their parents' case.

The following individuals are excluded from the household count:

- Children 19 years of age or older (child is considered 19 years of age through the month of the child's birthday)
- Any child for whom the household receives Foster Care payments
- An individual in the household who is not the caretaker or sibling of the child and not acting as loco parentis
- Parent(s) and other family members of a minor parent when the minor parent is requesting CCAP assistance
- A child under 19 years who does not have a child care need and resides away from home may come home on weekends or vacations breaks is not counted as part of the household if their visit is less than a full calendar month.
Note: A child under age 19 who has a child care need can be included in the household of the caretaker with whom the child care costs were incurred (refer to 400-28-35-25, Parents Not Residing Together).
- An individual disqualified because of a Child Care Assistance Program Intentional Program Violation
Note: The income and expenses of an individual who has an Intentional Program Violation continues to be considered.

~~A child visiting a home where the duration is expected to last over 30 uninterrupted days is considered a household member for the period of time they are in that home.~~

Persons Entering the Home

- New Applications:
 - When an individual enters the home prior to an application being approved, if required, the individual must be included in the child care assistance unit.
- Ongoing Cases:
 - When an individual enters the home and child care is not needed for the individual for the month of entry, the individual is not included in the child care assistance unit if their addition results in a decreased benefit or ineligibility for the month of entry. If required, the individual must be included in the child care assistance unit the month following the month of entry.
 - When an individual enters the home and child care is needed for the individual, the individual is added to the case for the month of entry, based on whether or not the information was timely reported and verified.

Persons Leaving the Home

- New Applications:
 - Individuals who leave the home prior to the application being approved or denied are not included in the child care assistance unit; unless the individual who left is a child and the child had a need for child care.
- Ongoing Cases:
 - Once a case is approved, individuals who leave the home are included in the child care assistance unit through the month in which they left. Effective the month following the month the individual left, the individual must be removed from the unit.

7. 400-28-35-10 – This section was changed as follows:

- New policy was added that allows CCAP to pay child care when a caretaker (applicant or recipient) is temporarily out of the home and the other caretaker (applicant or recipient) is participating in an allowable activity if approved by the CCAP State Determination Team.
- Clarification was added in a household with two caretakers when one caretaker is temporarily out of home, the caretaker who is temporarily out of the home must be in an allowable employment or allowable education or training.

Caretaker Temporarily Out of the Home 400-28-35-10

A household with one caretaker living apart from the children either in state or out of state, due to allowable employment, allowable education, or training, or uniformed service may be eligible for the Child Care Assistance Program (CCAP) through the month in which they leave. The case must be closed and the new caretaker(s) with whom the child(ren) reside must apply. Should the first caretaker return home, the case for the second caretaker must be closed and the first caretaker must reapply.

A household with two caretakers where one of the caretaker's is temporarily living apart from the other caretaker and child(ren), either in state or out of state, due to allowable employment, allowable education, or training, or uniformed service, is not considered absent from the home as long as he or she continues to function as a caretaker; even if the level of support or care is reduced. The caretaker is counted as a household member and all gross countable income and allowable expenses are used to determine CCAP income eligibility.

In families with two caretakers, CCAP may pay for child care costs of a caretaker participating in an allowable activity for the children remaining in the home, when the other caretaker is temporarily out of the home due to a medical illness of a member of the Child Care Assistance unit.

The family must obtain verification from a medical provider supporting the medical illness of the member of the Child Care Assistance unit, and provide the information to the eligibility worker. The information must be forwarded to the CCAP State Determination Team for a decision.

The CCAP State Determination Team will render a decision and notify the eligibility worker if the request has been approved or denied. If approved, the CCAP State Determination Team will determine the length of the approval.

When the caretaker and child are back in the home, the child care case must be closed, unless otherwise eligible.

8. 400-28-35-35 – Added a new section to include new policy which allows child care costs to be paid in a two parent household when one parent is participating in an allowable activity and the other parent is court ordered not to be left alone with a child(ren).

**Parent Court Ordered Not to be Left Alone With a Child
400-28-35-35**

In a household with two caretakers (married or unmarried), where one caretaker is participating in an allowable activity and the other caretaker is court ordered not to be left alone with a child(ren), the Child Care Assistance Program (CCAP) will allow child care for the caretaker who is participating in an allowable activity.

The court order must be a current court order. A copy of the court order must be provided and included in the case file.

CCAP should be used after all other resources have been exhausted.

Crossroads Family Eligibility 400-28-40

9. 400-28-40-05 – added the following:

- Renumbered this section from 400-28-40 to 400-28-40-05
- Clarification that a parent interested in receiving Crossroads must apply at the county social service office
- Clarified that the a Crossroads Child Care Assistance Program case must be closed if the parent has a break in their allowable Crossroads activities for a full calendar month.
- Changed policy that an individual eligible for Crossroads can also be eligible for TANF. Added examples when this might be beneficial.

Eligibility for Crossroads Families 400-28-40-05

The Crossroads Program is designed to assist with child care costs for individuals who are:

- Parents up to 21 years of age (prior to the month the parent turns 21 years of age)
- Parents who are male or female
- Parents who are married or unmarried
- Parents who have the primary responsibility for the care of their child
- Parents who are pursuing high school, a GED or alternative high school

If the parent is interested in receiving assistance through Crossroads, the parent must ~~be referred to~~ apply for Crossroads at the county social service. Office 's Crossroads worker.

The parent must apply for the Child Care Assistance Program (CCAP) by completing an application for CCAP at the time they are applying for Crossroads if the parent does not have an open Child Care Assistance

Program case. Upon receipt of the Crossroad's approval letter, the individual is eligible for CCAP to cover the costs of child care.

A copy of the Crossroads approval letter must be submitted to CCAP to verify the parent(s) is eligible for Crossroads. The approval letter shows the period of time the parent is eligible for Crossroads.

While an individual is eligible for Crossroads, work related and parenting classes child care for that individual can be reimbursed under CCAP. In these situations, the certificate must reflect education and work.

A parent, who participated in Crossroads in the previous school period and who intends to participate in Crossroads for the next school period is eligible for Crossroads coverage during the break between the two school periods even if the parent is only working or attending parenting classes during that time. If the break is expected to last for more than a calendar month and the parent will not be working or attending parenting classes, the CCAP case must be closed. At the time it is learned that the individual will not be returning to school, eligibility as a Crossroads family ends.

When an individual eligible for Crossroads is married or resides with the parent of the child, CCAP will pay the Crossroads approved child care without regard to the activities or income of the spouse or second parent. An SSI child in a Crossroads family is considered a Crossroads case as that child is eligible as Crossroads whether in receipt of SSI or not in receipt of SSI.

~~Crossroads policy does not allow a family to be eligible for TANF and Crossroads for the same month. Therefore, the child care type must be changed from Crossroads to TANF effective the first month of TANF eligibility.~~

~~**Note:** If the family chooses to remain Crossroads eligible, they must withdraw their TANF application or close their TANF case.~~

If the parent is not eligible for or chooses not to participate in the Crossroads Program, the parent can apply for CCAP and if all other program criteria is met, be eligible and is subject to the Co-pay or Waived Co-pay if eligible for TANF or Diversion.

10. 400-28-40-10 – added a new section for new policy in processing of Child Care Assistance Program Application and Crossroads Application

**Processing of Child Care Assistance for Crossroads Recipients
400-28-40-10**

**Initial Crossroads application/Initial Child Care Assistance Program
Application 400-28-40-10-05**

In addition to applying for Crossroads, an applicant or recipient must also apply for the Child Care Assistance Program (CCAP). If Crossroads and CCAP are approved for the same month, the CCAP case is approved as Crossroads Waived Co-pay.

**Initial Crossroads Application/Ongoing Child Care Assistance
Program 400-28-40-10-10**

A Crossroads applicant who has an ongoing Child Care Assistance Program (CCAP) case must have their certificate updated to a Crossroads Waived Co-pay case effective the month Crossroads is approved. Child care expense for months prior to Crossroads approval would be covered using the existing certificate.

**Ongoing Crossroads /Ongoing Child Care Assistance Program
400-28-40-10-15**

Crossroads recipients continue to be eligible for the Child Care Assistance Program (CCAP) as Waived Co-pay as long as all other CCAP program requirements are met.

**Crossroads Case Closure and Continued Child Care Assistance
Program 400-28-40-10-20**

If a Crossroads case closes and there **is a known** allowable activity, the certificate must be updated in the month following the case closure for Crossroads. Effective the month following the month of Crossroads case closure the case becomes Co-pay or Waived Co-pay, whichever applies.

If a Crossroads case closes and there **is not a known** allowable activity which continues, a closing notice must be sent to close the Child Care Assistance Program case at-the end of the month equal to the Crossroads closure.

Non-Financial Eligibility Requirements 400-28-50

11. 400-28-50-10 – Spelling correction made to the section heading changing 'Caretaker(s)'- to 'Caretaker' as only the identity of the applicant/caretaker must be verified and reworded policy.

Identity of Applicant/Caretaker(s) 400-28-50-10

The ~~caretaker's identity~~ Identity of the caretaker must be verified.

Allowable Activities 400-28-55

12. 400-28-55-10 – Added clarification identifying JOBS/Tribal New Program allowable activities referred to in this section.

Allowable Activities for TANF Recipients 400-28-55-10

The Child Care Assistance Program (CCAP) can pay child care for TANF recipients only if the allowable activity is identified and the child care is approved on the Job Opportunities and Basic Skills (JOBS) or Tribal Native Employment Works (NEW) Program employability plan. Child care costs for any JOBS/Tribal NEW Program allowable activity not identified on the employability plan cannot be paid through CCAP. Participation in activities for the JOBS or Tribal NEW, including periods of time a TANF recipient is required to complete a Proof of Performance (POP) are considered allowable activities for TANF recipients.

If an individual is meeting their JOBS/Tribal NEW program requirement, CCAP can pay for any approved activities listed on the employability plan. When a TANF recipient, who is required to participate in the JOBS/Tribal NEW Program, is not participating, child care will be paid for any activity the individual is participating in that is listed on the latest employability plan until the TANF case closes.

Example: Mom is required to participate in the JOBS Program in Job Search but fails to provide information to her case manager. The case manager completes the 'good cause' process and a sanction is imposed for October.

If Mom submits child care expenses for the months of September and October while searching for a job, since the latest employability plan lists her activity as Job Search and Mom continues to be a JOBS participant through October 31st, the child care expenses for September and October while searching for a job can be paid.

Should the child care expenses for the months of September and October be a result of an activity not listed on the employability plan, those child care expenses cannot be paid unless mom begins

participating in the JOBS program and a new employability plan is received that includes these activities.

13. 400-28-55-20 – Added parenting classes as an allowable activity for Crossroads recipients

Allowable Activities for Crossroads 400-28-55-20

Education, ~~or~~ education and work, work during school breaks, or parenting classes are allowable activities for an individual who is eligible for Crossroads.

14. 400-28-55-25 – Added a new section addressing policy for allowable activities of Co-Pay families.

Allowable Activities for Co-pay Families - 400-28-55-25

Allowable activities for Co-pay families are work, education or training, or job search.

Non-Allowable Activities 400-28-60

15. 400-28-60 - Added clarification to this section that the employability plan being referred to in this section is for JOBS/Tribal NEW programs and added policy that non-allowable activities may be allowed if the activities are included on a Crossroads Education Plan.

Non-Allowable Activities 400-28-60

All individuals except Crossroads

The following activities are not allowed under the Child Care Assistance Program (CCAP), unless they activities are approved in a TANF recipient's JOBS/Tribal NEW Program employability plan:

- Attending support groups
- Attending parenting classes
- Participating in community service
- Participating in volunteer work

Note: CCAP cannot be paid for child care costs incurred while a caretaker is working as a volunteer and not being paid.

- Non-allowable postsecondary education:
 - Pursuing a bachelor degree (4 year) or beyond - If the student is pursuing a 4 year degree, without first intending to pursue a 2 year degree, CCAP cannot pay any of their child care for any of the years.
 - An individual who has already received a certificate, certificate of completion, and associate degree, bachelor's degree, or postsecondary diploma.
Note: Receipt or completion of a certificate does not include a Certified Nursing Assistant (CNA) certificate.
 - If a caretaker has a certificate or degree obtained from another state or country, they are not eligible for CCAP.

Crossroads Individuals

The following activities are not allowed under the Child Care Assistance Program (CCAP), unless they activities are approved in a Crossroads recipient's Education Plan employability plan:

- Attending support groups
- Participating in community service
- Participating in volunteer work
Note: CCAP cannot be paid for child care costs incurred while a caretaker is working as a volunteer and not being paid.
- Postsecondary education

Financial Eligibility Requirements 400-28-65

16. 400-28-65-10-37 – Added a new section and policy regarding Corporations and Partnerships

Corporations and Partnerships 400-28-65-10-37

Countable income from a business entity (e.g. a corporation or partnership) that employs anyone whose income is used to determine eligibility is established as follows:

- If the applicant or recipient and other members of the Child Care Assistance Unit own the controlling interest in the business entity, calculate income using the self-employment rules described in 400-28-65-10-35. If the applicant or recipient and other members of the

Child Care Assistance Unit own less than a controlling interest, but more than a nominal interest in the business:

- From the business entity's gross income, subtract any cost of goods for resale, repair, or replacement, CRP payments and patronage or cooperative dividends, and subtract any wages, salaries, or guarantees (but not draws), paid to actively engaged owners to arrive at the business entity's adjusted gross income; and
- From the adjusted gross income, establish the applicant or recipient's income share based on the Child Care Assistance Unit's proportionate share of ownership in the business entity; and
- Add any wages, salary, or guarantee paid to the applicant or recipient to the applicant or recipient's income share; and
- Apply the self-employment income disregards described in 400-28-65-10-35 and
- Based on the applicant's or recipient's proportionate share of ownership in the business entity, establish the individual's share of the CRP payments and patronage or cooperative dividends as unearned income; or

If the applicant or recipient and other members of the Child Care Assistance Unit, in combination, own a nominal interest in the business entity, and are not able to influence the nature or extent of employment by that business entity, the individual's earned income as an employee of that business entity, plus any unearned income gained from ownership of the interest in the business entity.

17. 400-28-65-15 – Added wording to #16 to indicate funds from the John H. Chafee Foster Care Independence Program are disregarded. Added a new #47 and #48 to address policy regarding gift cards, gift certificates and in store credit bonus with no option to receive as wages are disregarded as income for the Child Care Assistance Program.

Disregard of Certain Income 400-28-65-15

Certain types of income are excluded in determining eligibility. The exclusion includes but is not limited to:

16. Education loans, financial aid, scholarships, stipends (such as ones through United Tribes Technical College and funds from the John H. Chafee Foster Care Independence Program) or grants from all

sources; whether for under-graduate or graduate student, fellowship or gift or portion of a gift used to pay the costs of caretaker's tuition and fees at any educational institution, vocational rehabilitation payments

Note: These funds are not countable when receiving them does not require the individual to work.

47. [Gift cards and gift certificates](#)

48. [In-store credit bonus when there is no option to receive wages.](#)

18. 400-28-65-30-05 – Added clarification to policy for determining child support/spousal support paid out.

Overview (Allowable Income Deductions) 400-28-65-30-05

Allowable deductions are deducted from gross countable income. Allowable deductions must be verified. If the allowable deductions are not verified, they cannot be allowed.

The only allowable deduction from gross countable income is court ordered child/spousal support paid, including arrearages.

If a prior month is being requested, actual deductions paid during the month are used.

[If eligibility is being determined prospectively for allowable income deductions, policy that is applied to income is applied to allowable deductions and is found in the Child Care Assistance Program manual section **400-28-75**, Budgeting for the Child Care Assistance Program.](#)

A household must be given the opportunity to verify allowable deductions. If a household has been given that opportunity and does not provide the verifications, the case is processed without consideration of the claimed deductions.

If deductions are not provided when requested, but provided after the case has been processed, the deductions cannot be used. The household will be given the opportunity to claim those expenses at the next application, 6 month review and when a case changes from Waived Co-pay to Co-pay to provide current information.

If a household member was being allowed deductions and leaves the household, the allowable deduction is removed when the household member is removed.

Budgeting for the Child Care Assistance Program 400-28-75

19. 400-28-75-10 – Added policy clarifying prospecting income for the final month of a certificate period if income would need to be determined for the final month of a certificate period.

Prospecting Income for the Certification Period 400-28-75-10

Gross income, **either earned or unearned**, must be determined prospectively because eligibility is determined for a specific certification period. The gross income used to issue the certificate must be reflective of the gross income for the period of time the certificate covers.

If during a certificate period, income must be updated for the final month of the certificate period, the income that is used must be from the final month or the month prior to the final month as the gross income must be reflective for the period of time the certificate covers.

Each source of non-exempt income received by the household must be considered separately to determine what the prospective income from that source will be.

Determining prospective income includes converting earned and unearned income.

Exception: Child Support income is not converted.

20. 400-28-75-50 – added clarification to policy that changes in gross income and allowable income deductions are not acted upon for existing household members in an ongoing case.

When Income and Allowable Income Deductions are Verified and Changed 400-28-75-50

Verification of gross income and allowable income deductions for all household members is required at application, 6 month review, or when a case changes from Waived Co-pay to Co-pay.

In an ongoing case, changes in gross income or allowable income deductions for existing household members are not acted upon.

When adding a household member, only the household member who is being added must verify their gross income and allowable income deductions. No change in income or deductions are is-made to the income and deductions of the already existing household members.

When removing a person, the gross income and allowable income

deductions of the person being removed ~~is~~ are deleted for the same month the individual is being removed from the case. No change in income or deductions are made to the income and deductions of the already existing household members.

When a case goes from Co-pay to Waived Co-pay, the gross income and allowable income deductions of all household members ~~do~~ are not counted and must be removed from the Child Care Assistance Program payment system. (Refer to 400-28-75-35, Determining Prospective Income When Changing from Co-pay to Waived Co-pay).

When a case goes from Waived Co-pay to Co-pay, refer to 400-28-75-30, Determining Prospective Income When Changing from Waived Co-pay to Co-pay.

Calculation of Allowable Child Care Hours 400-28-80

21. 400-28-80-30 – Change in policy that allowable activity hours are verified through the Crossroads Eligibility Worker rather than a Crossroads coordinator.

Crossroad Hours Calculation 400-28-80-30

Allowable activity hours are verified through the County Crossroads Worker. ~~coordinator.~~

22. 400-28-80-40 – Added new policy section for allowable hours for calculation of Diversion hours.

Diversion Hours Calculation 400-28-80-40

Allowable activity hours are based the caretaker's participation in work, education or training, or job search.

23. 400-28-80-45 – Added new policy section for allowable hours for calculation of Co-pay Families hours.

Co-pay Families Hours Calculation 400-28-80-45

Allowable activity hours are based on the caretaker(s) participation in work, education or training, or job search.

Level of Care 400-28-85

24. 400-28-85-05 – spelling correction to Head Start and added policy that Level of Care is determined for each provider.

Overview (Level of Care) 400-28-85-05

The Level of Care is used to determine whether a child needs full-time, part-time or hourly child care while in a specific provider's care and their caretaker is participating in an allowable activity. If a child attends child care at more than one provider, the child may have different Levels of Care for each provider.

- If the child is not school age, that child's Level of Care is based on the caretaker's allowable activity hours the number of hours the child is required to be in a specific provider's care while the caretaker's is participating in their allowable activity.
- If the child is a school age child attending any type of school (Head Start, preschool, elementary, etc.), that child's school schedule, and the caretaker's allowable activity schedule, and the number of hours the child is required to be in a specific provider's care while the caretaker's is participating in their allowable activity is needed to determine their Level of Care.

25. 400-28-85-10 – added clarification the child's hours per of week of needed care while the caretaker is participating in their allowable activity determines the level of care for the provider.

Determining the Level of Care 400-28-85-10

Level of Care must be determined for each provider based on the number of hours the child needs to be in care while the caretaker(s) is participating in an allowable activity.

To determine the Level of Care:

- The caretaker must provide verification of activity hours (pay stubs, employer statement, class schedule, time sheets, etc.).
- For a school aged child, the child's school schedule is needed.

The Level of Care is determined Once this information is determined:

- If the weekly hours calculated for a child average 25 or more per week, the child falls into the full-time Level of Care.
- If the weekly hours calculated for a child average from 14 to less than 25 hours per week, the child falls into part-time Level of Care.
- If the weekly hours calculated for a child average less than 14 hours per week, the child falls into hourly Level of Care.

Once a level of care is established for a child:

- The level of care is not decreased for the remaining certificate period regardless if the caretaker has a decrease in hours which would result in the child needing a lower Level of Care from what they were initially approved for on the certificate.
- If the child has an increase in needed hours during the certificate due to increased hours of activity for a caretaker(s), the increase is made if the Level of Care needed increases for a child, or the child's needs increase from hourly to part-time, hourly to full time, or part-time to full time.

26. 400-28-85-10-05 – added clarification the child's hours per week of needed care while the caretaker is participating in their allowable activity determines the Level of Care for the provider. The last paragraph of this section has been moved to the Computing the Bill 400-28-135-10.

Child Not in School 400-28-85-10-05

The child's schedule is the time they need child care based on the caretaker's allowable activity hours- and the number of hours the child is required to be in a specific provider's care while the caretaker is participating in their allowable activity. The caretaker's allowable activity hours per week. The number of hours the child is required to be in a specific provider's care while the caretaker is participating in their allowable activity will determine the Level of Care from the Provider Rate on the Child Care Sliding Fee Schedule. The Level of Care determination for each provider is entered on the certificate.

~~Payment of the costs for the hours of child care exceeding the Level of Care determination for the child will be the responsibility of the family.~~

27. 400-28-85-10-10 – added clarification Level of Care must be established for each provider a child is receiving care from.

Child in School Age Child 400-28-85-10-10

A school age child is considered a student year round. If the child is school age, the time they are required to be at child care is based on the child's school schedule and the caretaker's allowable activity hours.

The number of weekly hours that a school aged child is required to be at in a specific provider's child care is calculated by comparing the child's school schedule with the caretaker's schedule while participating in an allowable activity.

When a school age child is required to be in the care of a child provider for any reason (days off from school, weekends, after school, etc.), the average weekly hours needed must be established. Once the weekly average hours are established, When a school age child is determined to have a child care need an additional 36 hours per month (9 hours per week) will be added to the child's average weekly hours to allow for days there is no school. 36 divided by 4 equals 9. The 9 hours a week are added to the child's weekly hours.

Note: The additional hours are added to the provider with whom the child will be with on days that are considered no school days.

The total weekly hours the child will be in a specific provider's care will determine the Level of Care from the Provider Rate on the Child Care Sliding Fee Schedule. The Level of Care determination is entered on the certificate.

Payment of the costs for the hours of child care for a provider exceeding the Level of Care determination for the child will be the responsibility of the family.

Co-pay Requirements 400-28-90

28. 400-28-90-15 – added clarification Family Monthly Co-pay is deducted from the lower of the state rate or amount billed. Added clarification when co-pay is applied to all of a child's child care costs, the child remains eligible.

Applying the Co-pay 400-28-90-15

The Family Monthly Co-pay amount is subtracted from the State Rate to determine the State Maximum Monthly Share.

When payment is being determined, the Family Monthly Co-pay is deducted from the lower of the state rate or amount billed on the Child Care Billing Report Form.

When applying the Family Monthly Co-pay to payments:

- The Family Monthly Co-pay is applied to the provider who is first entered into the payment system. If there are two providers, the Family Monthly Co-pay is applied to the first provider entered into the payment system. If any amount of the Family Monthly Co-pay is remaining it will be applied to the second provider, etc.
- If the Family Monthly Co-pay is greater than the lower of the state rate or amount billed for the family the child care costs incurred in a month, no child care payment will be made for the month.

- If the Family Monthly Co-pay is less than the lower of the state rate or amount billed for the family child care costs incurred, the Family Monthly Co-pay is deducted from the lower of the state rate or billed amount billed and the remaining ~~billed~~ amount is the maximum payment that will be made.
- When the Family Monthly Co-pay is applied to a child's allowable child care costs and all of the child's costs incurred is subject to co-pay, that child continues to be eligible for CCAP and all other eligibility criteria applies to the child.

The DN 241, Child Care Sliding Fee Schedule is included at Section 400-28-165-25.

Provider Requirements and Information 400-28-105

29. 400-28-105-20 – New policy has been added to the requirements of being approved as an Approved Relative.

Approved Relative 400-28-105-20

An Approved Relative is a provider, whose relationship to the child by marriage, blood, or court degree, is a:

- Grandparent (including step-grandparents)
- Great-grand parent (including great step-grandparents)
- Aunt or uncle (including step-aunt or uncle)
- Sibling (including step-siblings)

NOTE: Siblings cannot be an 'approved relative' provider if the sibling resides with the child.

The approved relative must qualify to participate as a provider for Child Care Assistance Program. To qualify, the relative must complete the application SFN 23, Application for Approval for Relative Child Care Provider and W-9, Request for Taxpayer Identification Number and Certification forms and return to Public Assistance Division for processing.

To assure health and safety of children, applications are reviewed against known information within ND Department of Human Services before approving a relative provider along with the:

- North Dakota Supreme Court website

- North Dakota State's Attorney's Sex Offender website
- Children and Family Services criminal back ground check

An Approved Relative's request to be a provider will be denied when the applicant and household members have been found guilty of, pled guilty to, or pled no contest to:

1. Homicide, assaults, threats, coercion, harassment, kidnapping, sexual performances by children, gross sexual imposition, continuous sexual abuse of a child, sexual imposition, corruption or solicitation of minors, luring minors by computer or other electronic means, sexual abuse of wards, sexual assault, robbery, burglary, promoting prostitution, facilitating prostitution, child procurement or abuse or neglect of a child;
2. An offense under the laws of another jurisdiction which requires proof of substantially similar elements as required for conviction under any of the offenses identified in #1 above; or
3. An offense, other than an offense identified in #1 and #2 if the department determines that the individual has not been sufficiently rehabilitated. An offender's completion of a period of five years after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent charge or conviction, is prima facie evidence of sufficient rehabilitation.

The department has determined that the offenses in #1 and # 2 above have a direct bearing on the applicant's ability to serve the public in a capacity as a provider.

In the case of misdemeanor simple assault or equivalent conduct in another jurisdiction which requires proof of substantially similar elements as required for conviction, the department may determine that the individual has been sufficiently rehabilitated if five years have elapsed after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent conviction.

~~If an applicant relative provider or another adult(s) living in the home has been found guilty of or plead guilty to: assaults, threats, coercion, harassment, kidnapping, or gross sexual imposition, the Department determines the member's ability to serve as a provider.~~

An approval or denial letter is sent to the applicant relative provider. An applicant may appeal the decision by submitting a signed written request to

the agency within 30 days from the date of the notice of the letter. During an appeal process, payments will not be made by the Child Care Assistance Program.

Child Care Assistance Program Certificate 400-28-120

30. 400-28-120-05 – added policy that the provider will be sent a copy of the certificate.

Overview (Child Care Assistance Program Certificate) 400-28-120-05

Federal Regulations require states to issue a 'Certificate' to the eligible family and to each provider the family has chosen which informs them of the eligibility period, children who have been approved, Level of Care for each child, State Rate for each child, and the Family's Monthly Co-pay. The family's certificate includes information for all children and provider(s) that apply to the family.

The provider's certificate includes information for each child that apply to the provider.

31. 400-28-120-10 – Added policy that the provider is contained on the certificate and word clarification.

Certificate Requirements - 400-28-120-10

A certificate is issued by the Department of Human Services to the caretaker who is eligible and to each provider the caretaker has chosen. The certificate contains:

- The name and address of the caretaker
- The names of children who will be receiving Child Care Assistance Program benefits
- The name of each provider(s) for each child
- The Level of Care
- The Family's Monthly Co-pay
- The State Rate
- The caretaker's allowable activities (work, job search, education, training)
Note: The names of specific assistance programs are not to be entered or shown on the certificate. For TANF recipients, list "Job Activities" for the allowable activities.

- The period covered by the certificate
- The caretaker's right to appeal

Each provider the family has chosen will receive a certificate that includes the information for the child(ren) for whom they are providing care.

32. 400-28-120-15 – Added policy that a one month certificate for each of the final two months of TANF is issued for each of the months requested.

Certificate Time Frames 400-28-120-15

Certificates are issued for a six month period of time with the following exceptions:

- Month prior to the month of application (one month certificate); and
- The 2 final months of TANF when the child care expenses were used as a deduction from income for TANF (one ~~or two~~ month certificates for each month child care is requested).

33. 400-28-120-20 – added clarification to policy certificates are effective the first day of the month that a change is implemented.

Certificate Start Dates 400-28-120-20

Certificates for applications begin the first day of the month for which the application is approved.

Certificates for ~~a~~ reviews begin the first day of the month following the expiration of the existing certificate.

~~The begin date of a certificate that is updated is determined by the effective date of the change which is based on whether or not the change was reported timely.~~

The start date of an updated certificate is the first day of the month the certificate is determined to be effective based on reported changes that are mandatory, non-mandatory, or known information to the agency and whether the change was or was not reported timely.

Note: a certificate start date is always the first date of the month the certificate is effective. Payment within that month is determined based on eligibility criteria.

Example #1: It is reported timely and verified timely that a child entered the home on June 14th. The change is implemented and the

certificate is updated for June and the effective date of the updated June certificate June 1st. Because this is a new member of the child care assistance unit, child care can be paid from the 14th to end of the month as child care can only be paid for when the child was living with this caretaker.

Example#2: It is reported and verified timely that an ongoing household member switched from education to employment in February. The change is implemented and the certificate is updated for February, the effective date of the updated February certificate is February 1st. The entire month of February can be paid for the allowable activity(ies) listed on the certificate.

Example#3: A caretaker starts employment on December 9th. The caretaker reports the change in activity to the county on December 27th and provides verification of the employment on December 29th. The change is not reported timely but since the information to act on the change was provided in December, the change is implemented and the certificate is updated for December. The effective date of the updated December certificate is December 1st. The entire month of December can be paid for the allowable activity(ies) listed on the certificate.

34. 400-28-120-30 – Deleted policy that the recipient is no longer sent a copy of the certificate to give to the provider. Includes policy that provider(s) will be sent a copy of their certificate.

Issuing a Certificate 400-28-120-30

The following information is required to issue a certificate:

- Household composition
- Household income
- Child/spousal support paid out
- The child care provider(s) for each child requesting assistance
- The provider(s)'s EIN/ or SSN
- Provider type
- Level of Care required
- Caretaker(s) allowable activity/schedule

- Child(ren)'s schedule (school age)

Upon receipt of this information, the Excel spreadsheet may be used to determine the Co-pay and State Rate. When the Excel spreadsheet is used, a copy must be included in the case file.

The issuance of a certificate does not require submittal of a Child Care Billing Report form.

A certificate is issued:

- At application
- At 6 month review
- When a certificate must be updated

When a certificate is issued, the caretaker is sent ~~two~~ a copy~~ies~~ of the certificate, and the provider(s) is sent a copy of the certificate with the information that applies to the child(ren) for whom the provider(s) has been approved to provide care. one labeled 'caretaker's copy' and one 'provider's copy'. The caretaker is responsible for giving the provider a copy of the certificate.

35. 400-28-120-35 - Added clarification to policy a certificate must be updated as a result of a mandatory change, non-mandatory change or known information, added more reasons for certificates to be updated, added policy that a copy of the certificate is mailed to the recipient and the provider and removed policy that the recipient is responsible to give the provider a copy of the certificate.

Updating Certificates 400-28-120-35

When a certificate is issued, the certificate is not changed unless ~~the~~ an eligibility criteria to change a certificate ~~are~~ is met.

Eligibility criteria to make a change to a certificate are the results of a change (mandatory, non-mandatory and known information to the agency) which affects the eligibility information contained on the certificate.

A certificate must be updated for the following reasons, however there may be additional reasons not included that may require the certificate to be updated for the following circumstances:

- When there is a change in household size which affects the Child Care Assistance unit household size.
 - Someone moves into the household
 - Someone moves out of the household
- Change in allowable activity
 - Start or end of job search
 - Start of work activity (not previously in any work activity)
 - End of work activity (no longer in any work activity)
 - Start or end of school which includes
 - A postsecondary student completes an associate degree, postsecondary diploma, certificate of completion or any other vocational training course or if the caretaker(s) changes to another course of study.
 - Start or end of TANF, Diversion or Crossroads
- Increase in monthly child care hours for a child if the increase in hours increased the Level of Care the child needs.

Note: Decreases in the Level of Care are not made during the certificate period.
- Changes in provider(s) or addition of provider(s)
- State residency
- When a case changes from Waived Co-pay to Co-pay, the certificate must be updated for the month following the month the TANF, Diversion or Crossroads case closes. The actual updating must be completed in the month following the month of the closure.

Example: A TANF case closes on October 31st. The certificate must be updated in the month of November with a certificate start date of November 1.
- When a case changes from Co-pay to Waived Co-pay, the certificate must be updated effective the month the case is approved for TANF, Diversion or Crossroads.

- When an Intentional Program Violation disqualification penalty is imposed the certificate must be updated effective the month the individual is disqualified.

Example: If an IPV is imposed effective for July, the certificate for July must be updated to remove the disqualified individual from the household size.

If a certificate must be updated ~~as the result of a change~~, the caretaker is sent ~~two~~ a copy~~ies~~ of the updated certificate, and the provider(s) is sent a copy of the certificate with the information that applies to the child(ren) for whom the provider(s) has been approved to provide care. -one-labeled 'caretaker's copy' and one 'provider's copy'. The caretaker is responsible for ~~giving the provider a copy of the updated certificate.~~

If a certificate is updated and there are multiple providers for the family, an updated certificate is only sent to the provider whose certificate has been updated. A certificate is not mailed to a provider if there is no change to their certificate.

Verification of Child Care Costs 400-28-130

36. 400-28-130-15 Add clarification child care costs must be verified per calendar month.

Child Care Billing Report 400-28-130-05

Child care costs incurred for a calendar month must be verified ~~monthly by~~ using and completing the SFN 616, Child Care Billing Report form for child care costs incurred in a calendar month. It is the responsibility of the child care provider and the caretaker to complete the Child Care Billing Report form each month.

- The child care provider must list the **ACTUAL** number of hours the child was in their care.
- The caretaker must list the **ACTUAL** number of hours the child needed care while the caretaker participated in their approved allowable activity (including travel time).

Both the caretaker and the provider are required to sign and date the billing report form AFTER the form has been completed.

It is the caretaker's responsibility to make sure the form is complete, to review the form for errors and for providing all the information needed in order for the payment to be made. If the form is not complete, the form should be returned to the caretaker for completion.

The caretaker may choose to let the provider submit the billing report form to the county social service office, however, it is the caretaker's responsibility to make sure a completed billing report form is submitted to the county social service office.

~~Child care Billing Report forms received by the county that are not completed should be returned to the caretaker for completion.~~

If a provider or a caretaker is not available for signature on the billing report form, the eligibility worker will be expected to explore all avenues of locating the person who needs to sign the form. If it is reasonable that the billing report form is complete and accurate and the person's whose signature is needed cannot be located or a third party will attest to its accuracy, payment can be made without the signature. All actions taken must be documented.

Payment Issuance 400-28-135

37. 400-28-135-10 – Changed policy for determination of weeks of child care within a calendar month and hours listed by provider and recipient on the Child Care Billing Report.

Computing the Bill 400-28-135-10

When a child care billing report form is received, the billing report form must be reviewed to make sure it is complete (signed, dated and completely filled out). If the billing report form is not complete, the billing report form ~~must~~ should be returned to the caretaker for completion.

~~If the child care billing report form is complete, the total hours for the month are divided by 4 to determine the average weekly hours. The average weekly hours are compared to the Level of Care on the certificate to insure it is correct.~~

Child Care costs must be submitted on the SFN 616, Child Care Billing Report Form for the actual calendar month the child care costs were incurred. From the total monthly hours listed on the Child Care Billing Form, the average weekly hours must be determined.

To determine the average weekly hours, the number of weeks child care is needed must be determined. A week is defined as Sunday thru Saturday, and the maximum number of weeks that can be used to determine the average weekly hours is 4. If a child needs care for 1 day in a week, the week counts as 1 towards the 4 week maximum provided the day of care is

in the calendar month that is being billed. If the child does not need care for at least 1 day in a week, the week is not counted.

Example #1:

A child incurred child care costs while mom is employed as indicated in the calendar below. Since the child incurred costs at least 1 day of each week in August, the child is considered in care for 5 weeks. However, the maximum weeks within a calendar month that can be allowed is 4.

<u>August</u>			<u>1</u> <u>6 hrs</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u> <u>6 hrs</u>	<u>9</u>	<u>10</u>	<u>11</u>
<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u> <u>6 hrs</u>	<u>16</u>	<u>17</u>	<u>18</u>
<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u> <u>6 hrs</u>	<u>23</u>	<u>24</u>	<u>25</u>
<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u> <u>6 hrs</u>	<u>30</u>	<u>31</u>	

Total child care hours incurred in the calendar month of August is 30 hours. To determine the average weekly hours, divide 30 hours (6 hours per day times 5 days) by 4 weeks, which equals 7.5 average weekly hours.

Example #2:

A child incurred child care costs while mom is job searching, as indicated in the calendar below. Since the child incurred costs at least 1 day in 2 of the weeks in August, the child is considered in care for 2 weeks.

<u>August</u>			<u>1</u>	<u>2</u> <u>8 hrs</u>	<u>3</u>	<u>4</u>
<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>
<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>
<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u> <u>12 hrs</u>	<u>24</u>	<u>25</u>
<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>	

Total child care hours incurred in the calendar month of August is 20 hours. To determine the average weekly hours, divide 20 hours (8 hours from the

2nd and 12 hours from the 23rd) by 2 weeks, which equals 10 average weekly hours.

Example #3:

A child incurred child care costs with 2 different provides in a calendar month, while mom was employed, as indicated in the calendars below. The average weekly hours must be determined for each Provider.

Provider #1

Since the child incurred costs at Provider #1 at least 1 day of each week in August, the child is considered in care for 5 weeks. However, the maximum weeks within a calendar month that can be allowed is 4.

<u>August</u>			<u>1</u> _____	<u>2</u> 8 hrs	<u>3</u>	<u>4</u>
<u>5</u>	<u>6</u>	<u>7</u> 8 hrs	<u>8</u> 8 hrs	<u>9</u> 8 hrs	<u>10</u>	<u>11</u>
<u>12</u>	<u>13</u>	<u>14</u> 8 hrs	<u>15</u> 8 hrs	<u>16</u> 8 hrs	<u>17</u>	<u>18</u>
<u>19</u>	<u>20</u>	<u>21</u> 8 hrs	<u>22</u> 8 hrs	<u>23</u> 8 hrs	<u>24</u>	<u>25</u>
<u>26</u>	<u>27</u>	<u>28</u> 8 hrs	<u>29</u> 8 hrs	<u>30</u> 8 hrs	<u>31</u>	

Total child care hours incurred in the calendar month of August for Provider #1 is 104 hours. To determine the average weekly hours, divide 104 hours (8 hours times 13 days) by 4 weeks, which equals 26 average weekly hours.

Provider #2

Since the child incurred costs at Provider #2 at least 1 day in 3 weeks in August, the child is considered in care for 3 weeks.

<u>August</u>			<u>1</u> _____	<u>2</u>	<u>3</u> 8 hrs	<u>4</u>
<u>5</u>	<u>6</u> 8 hrs	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u> 8 hrs	<u>11</u>
<u>12</u>	<u>13</u> 8 hrs	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>
<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>
<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>	

Total child care hours incurred in the calendar month of August for Provider #2 is 32 hours. To determine the average weekly hours, divide 32 hours (8 hours times 4 days) by 3 weeks, which equals 10.66 average weekly hours.

If the average weekly hours of child care provided on the billing form are not within a reasonable amount of the caretaker's average weekly activity hours that were determined at the time the certificate was issued, the eligibility worker must contact the caretaker to resolve the difference. This applies even if the State Rate is the same regardless of the difference in hours.

If the provider lists hours and the family does not list hours for a specific day, no hours are used as the family is indicating they were not in their allowable activity. If the provider lists no hours and the parent lists hours for a specific day, no hours are used as the provider is indicating they did not provide care.

The lower of the provider or parent hours is used after the form has been reviewed for accuracy.

The family is responsible for the costs of child care to the provider that Payment of the costs for the hours of child care exceeds the Level of Care determination on the certificate for the payment month. for the child will be the responsibility of the family.

38. 400-28-135-10-10 – Added clarification to policy for payments made when the Level of Care on the certificate does not match the hours listed on the Child Care Billing Report. Word changes in the last two paragraphs made for easier reading.

Child Care Billing Report Form and Certificate Does Not Match 400-28-135-10-10

Payment is made based on the Level of Care listed on the certificate and the actual hours listed on the Child Care Billing Report.

- When the hours on the Child Care Billing Report form are higher than the Level of Care on the certificate, payment is made based on the Level of Care on the certificate. If the Level of Care on the certificate is hourly (HR) and the Child Care Billing Report form reflects either full time (FT) or part-time (PT) hours, payment for the month billed is paid at hourly (HR). If the Level of Care on the certificate is part-time and the Child Care Billing Report form reflects full-time (FT), payment is paid at part-time (PT).
- When the hours on the Child Care Billing Report form are lower than the Level of Care on the certificate, the actual hours on the Child Care

Billing Report form are used for payment. If the Level of Care on a certificate is full time (FT) and the Child Care Billing Report form reflects part-time (PT) or hourly (HR), payment is paid at PT or HR.

~~When the Level of Care determined from the billing report form does not match the Level of Care on the certificate, the payment is made based on the Level of Care on the certificate.~~

Note: When this occurs, the worker will follow the policy and procedures in Section 400-28-125-15, Known Information To Agency.

Compare the billed amount to the State Rate on the certificate to determine the lower amount. Take the lowest amount and subtract the Family Monthly Co-pay to determine the amount to be paid by the Child Care Assistance Program (CCAP).

If the child's hours in care do not reflect the hours needed for the caretaker's allowable activities, the eligibility worker may adjust the hours to be paid. ~~and entered into the CCAP payment system.~~

The number of hours entered into the system may be adjusted but the amount billed may not be changed. The CCAP system will compute the correct amount to be paid to the provider.

39. 400-28-135-20 – Policy has been added for payments of less than \$10.00 must be issued in order for Co-pay to be correctly applied, payments must be processed in disregard to the amount of the payment made by CCAP and policy for payments less than \$10.00 are not issued has been removed.

Payments of Less Than \$10 400-28-135-20

~~In order for the Co-pay to be applied correctly in the CCAP payment system, The eligibility worker determines the amount that the Child Care Assistance Program (CCAP) would pay for the month and if the CCAP share of the total bill for the month is less than \$10, the all payments will must be processed even if the amount of the payment is less than \$10.00. This applies to all cases including cases that are Waived Co-pay not be issued and **should not be entered into the CCAP payment system.** If the payment has been entered into the system, delete the payments under \$10 from the system, so the payment will not be processed and send the Payment Under \$10 notice.~~

Example: ~~There is one provider and CCAP payment~~

~~would be less than \$10.00, payment will not be issued to the provider. A billed amount is \$33.00, the Family Monthly Co-pay is \$25.00, the payment must be processed and issued in order for the co-pay to be applied correctly. \$25.00 will be applied to Co-pay and an \$8.00 payment will be made by the Child Care Assistance Program.~~

Exceptions:

- ~~• If an error was made when making a payment to a provider and the provider's underpayment is less than \$10, issue the supplemental payment if CCAP's total share of the total bill was \$10 or more.~~
- ~~• If there are two or more providers, and the payment to be paid by CCAP for one of the provider's is less than \$10 and the payment for the other provider is more than \$10, payment to both providers will be made as the total CCAP payment being made is more than \$10.~~

~~**Example:** There are two providers and one provider submits a bill for \$8.00 and the other provider submits a bill for \$130.00. If the portion to be paid by CCAP for both providers is more than \$10.00, a payment will be issued to each provider even though the payment to one provider will be less than \$10.00.~~

Case Closings 400-28-145

40. 400-28-145 - word correction and added new policy for closing when there is no need at time of review and co-pay exceeds the lower of the State Rate or the amount billed for all children assistance is being requested for at time of review, adding an individual to a case, removing an individual from a case, cases changes from Waived Co-pay to Co-pay.

Case Closings 400-28-145

Cases must be closed when one or more of the following happens:

1. The caretaker(s) is no longer participating in an allowable activity.
2. There is no eligible child in the child care unit.
3. The caretaker does not return a completed SFN 841, Child Care Assistance Program Review, form by the end of the month in which the review is due.
4. If the review form is received but:
 - a. Is not submitted timely;
 - b. Is incomplete and further eligibility cannot be determined;

- c. Indicates the family's income exceeds the upper income limit for the family size;
 - d. The child(ren) for whom child care is being requested is determined not to have a need.
5. If the Co-pay exceeds the lower of the State Rate or the amount billed for all children whom assistance is being requested at the time:
- When a review is completed;
 - An individual is added to the case;
 - An individual is removed from the case;
 - A case is changed from Waived Co-pay to Co-pay.
Exception: In an ongoing case, if the Co-pay exceeds the lower of the State Rate or amount billed for all child(ren) whom assistance is requested, the case remains open unless it is determined/anticipated that through the remainder of the certificate period, the Co-pay will exceed the amount billed
6. The caretaker moves out of state.
7. The caretaker requests that the case be closed (request to close a case may be made verbally or in writing).
8. The mail is returned and there is no forwarding address or has a forwarding address of out of state .
9. A valid certificate no longer exists but the case remains open. In this situation, the case must be closed the end of the month the certificate ended.
10. The caretaker fails to provide information that has been requested.

A closing notice can be sent to close a case at the end of the current month up to the last working day of the month with the exception of:

- If a closing notice includes a time frame to allow a caretaker to provide information, the caretaker must be allowed the time frame given to provide the information. In these cases, the Child Care Assistance Program case closes on the last day of the month the time frame to provide information falls into.

The Eligibility Worker must inform the caretaker on the closing notice the date the case is closing.

If a notice is generated on a working day, the print date on the notice is the same day that the notice was generated. If the notice is generated on a non-working day (holiday or weekend), the print date is the following working day.

Underpayments and Overpayments 400-28-150

41. 400-28-150-15-05 – due to federal requirements, deleted policy that overpayments can be established for a maximum of one year and added policy that overpayments are established for the entire period of time the incorrect payment was paid regarding of when the overpayment occurred. **Administrative and Caretaker Errors 400-28-150-15-05**

Administrative and Caretaker Errors 400-28-150-15-05

When the eligibility worker has made an administrative error or discovers a caretaker error resulting in an overpayment, the overpayment must be established and recouped. Process the overpayment in the eChild eCare Assistance Program computer payment system and send notification of the overpayment to the caretaker.

~~Overpayments can only be established for a maximum of 12 months from the date the error is discovered. Overpayments resulting from federally required improper payment claims may be established beyond the 12 months.~~

~~All overpayments must be established for the entire period of time the incorrect payment was made regardless of the period of time or the cause of the incorrect payment.~~

If the wrong provider is paid in error, that provider must return the erroneous payment. If the provider returns the payment to the county social service office, the county shall forward the payment to the Department of Human Services using the appropriate SFN 827, Credit Form. If the provider does not return the payment, contact the State Child Care Assistance Program office and they will initiate the collection process.

42. 400-28-150-20-05 – clarified policy overpayments are recouped from underpayments

Methods of Recouping Overpayments 400-28-150-20-05

Methods of recovering overpayments are as follows:

- Recoupment from the Child Care Assistance Program (CCAP) payment:
 - 10% for agency and client (non-fraud) related errors.
 - 20% for Intentional Program Violations (IPV) (fraud)
- Voluntary repayment – a payment that is made by the caretaker who has a closed case or in addition to the recoupment taken out of their benefit if the caretaker has an ongoing open case. The additional amounts must be sent into the CCAP State Office and CCAP State Office staff will apply the payment in the CCAP system.
- Criminal restitution. If the court has ordered an amount of recovery, either more or less than the amount identified above, the amount ordered by the court will be the only amount recovered.

The amount recouped cannot be less than 10% for client or agency errors or 20% for Intentional Program Violation (IPV) (fraud).

For client errors that are later determined to be IPV, the 10% recoupment will continue until the IPV has been established at which time the recoupment percentage must be changed to 20%.

Note: The household remains responsible for repayment of any overpayments that may have resulted from this violation regardless of eligibility for benefits.

If an underpayment is issued, the underpayment existing overpayment will be recouped from the overpayment underpayment by the established repayment method that is in place.

When an overpayment exists, regardless of the household's eligibility for benefits, the household shall continue to be responsible for repayment of the overpayment.

Appendix 400-28-165

43. 400-28-165-45 – added clarification including the family's responsibility to identify hours the child(ren) was in the provider's care while the caretaker(s) were participating in their allowable activity.

SFN 616, Child Care Billing Report 400-28-165-45

SFN 616, Child Care Billing Report is completed by the child care provider identifying the monthly charges and hours for the child(ren) while in their care and by the family identifying the hours the caretaker(s) was

participating in their allowable activity while the child was in the provider's care. Once completed, the provider and caretaker must sign and date ~~this~~ the form prior to submission.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.